

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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42		8				
43		8				
44		8				
45		8				
46						
47						
48						
49						
50						
TOTAL IND.	62					
TOTAL DEP.	39					
TOTAL CLAIMS	45					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					